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## \*BIBDATASHEET\*

CONFIRMATION NO. 3254

Bib Data Sheet

<b>SERIAL NUMBER</b> 09/640,935	<b>FILING OR 371(c) DATE</b> 08/17/2000 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1642	<b>ATTORNEY DOCKET NO.</b> 3220-66874	
<b>APPLICANTS</b> Michael S. Kinch, Layfayette, IN; Nicole D. Zantek, Silver Springs, MD; Patrick W. Hein, San Francisco, CA;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/149,258 08/17/1999					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 10/05/2000</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> IN	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 23	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> 26813					
<b>TITLE</b> TREATMENT OF METASTATIC DISEASE					
<b>FILING FEE RECEIVED</b> 3036	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		